

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10065436		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1							51			
2			/				52			/
3							53			/
4				/			54	/		/
5				/			55			/
6				/			56			/
7				/			57	/		/
8				/			58			/
9				/			59			/
10				/			60			/
11				/			61			/
12				/			62			/
13				/			63			/
14				/			64			/
15	/		/				65			/
16	/		/				66			/
17				/			67			/
18				/			68			/
19				/			69	/		/
20				/			70			/
21				/			71			/
22				/			72	/		/
23				/			73			/
24				/			74			/
25				/			75			/
26				/			76			/
27				/			77			/
28	/		/				78			/
29	/		/				79			/
30	/		/				80			/
31				/			81	/		/
32				/			82			/
33				/			83			/
34				/			84			/
35				/			85			/
36				/			86			/
37	/		/				87			/
38		/		/			88			/
39	/		/				89			/
40				/			90			/
41				/			91			/
42				/			92			/
43				/			93			/
44				/			94			/
45				/			95			/
46				/			96			/
47				/			97			/
48				/			98			/
49				/			99			/
50				/			100			/
TOTAL IND.	14		13				TOTAL IND.			
TOTAL DEP.	72		71				TOTAL DEP.			
TOTAL CLAIMS	86		84				TOTAL CLAIMS			

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE